advisers should be available to give support and advice to social workers and others in contact with families in whom female genital mutilation is an important issue.[4] These advisers would normally be health visitors, midwives, or social workers. Whenever possible there should be close liaison with local community groups, which should be supported in campaigns against female genital mutilation; such groups may be able to supply someone of the appropriate ethnic group (or in the case of the Somalis, tribe) to talk to parents. The cooperation of local press and radio stations should be sought, and help should be requested from local newspapers and news sheets in the relevant languages.

As with other conditions largely confined to certain ethnic groups (for example, sickle cell disease and thalassaemia), services are likely to be well developed in areas with a large population of groups who practise female genital mutilation, whereas in areas with a small population of these groups services may be inadequate or non-existent. Such areas should seek advice and skill from better organised areas.

Female genital mutilation tends to be considered mainly from the woman's point of view and has become identified as a feminist issue. This seems a mistaken policy as female genital mutilation would die out if men ceased to insist on it. It is therefore important that men should be included and involved in educational programmes.

Conclusion

Assuming that the size of the population in Britain of ethnic groups practising or favouring female genital mutilation remains more or less unchanged, it seems probable that, as adaptation and acculturation occur, the practice will die out within a few generations. This is not, however, an argument for complacency or inaction.

Meanwhile, there is much to be done. From our own inquiries there seems to be a conspiracy of silence in medical circles; there is also widespread ignorance. None of a number of well known obstetric and paediatric textbooks mentions female genital mutilation. The National Society for the Prevention of Cruelty to Children has no information or instructional material.

It is time that this problem was more widely and openly discussed.

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Female genital mutilation in France

Colette Gallard

The French Family Planning Association first protested to the World Health Organisation in 1977 about its continuing silence concerning the genital mutilation of girls in Africa and the Far East; that same year the French delegate to the regional council of the International Planned Parenthood Federation brought the issue before its medical commission.

At the time, this protest was based more on feminist concern for the defence of women's rights than on the family planning association's experience of female genital mutilation; but over the next few years, with the arrival in France of African immigrants' wives and families, mother and child protection centres and family planning centres, where our members worked as counsellors, saw the problem surface in a tangible way.

Some of these centres are in areas with high migrant populations, and coming face to face with the facts of female genital mutilation was often quite a brutal experience. The social pressure of these traditions and their psychological repercussions on women, as well as the physical damage inflicted, were first brought home to me through seeing a happy, communicative little Malian girl whom I had followed from birth, return from a "holiday" in Mali rendered aphasic from shock (and needing several years of psychotherapy to speak again); the traditions became very clear as I talked with her horrified mother.

In France, in the family planning association as elsewhere, the first reaction to the facts was to consider that westerners should not intervene in this cultural issue. It was only after a long period of raising awarness among medical and paramedical staff, magistrates, institutions, and the general public that the problem began to be seen as something other than just an example of folklore or a barbarous sign of underdevelopment.

Sadly, it took the death of two little girls in 1982 to bring the issue out into the open and to oblige the authorities to take a stand on the perpetration of these practices in France.

Methods of action

Action was undertaken in two main fields. Firstly, we aimed at prevention. A paediatrician working at a mother and child protection unit produced an information booklet on the different forms of female genital mutilation and their medical consequences, particularly during labour.[1] This was for medical and paramedical staff and (a major priority) for interpreters. Discussions were organised for the women who attended the centres.

At the initiative of a working party set up by Yvette Roudy, minister for women's rights, measures were proposed for information to be given through French consulates to immigration candidates (generally men) and then, after their arrival, through immigrant workers' associations by using leaflets and illustrated material on general family legislation in France (non-recognition of polygamy, compulsory schooling, vaccinations, etc) as well as on the prohibition of and punishment for female genital mutilation.

At the same time, hospital teams began studying

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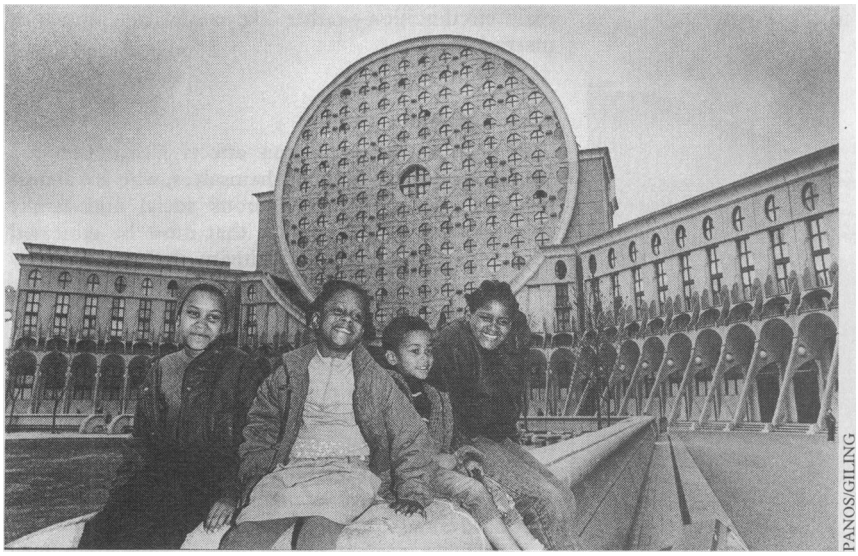
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Malians in Paris

the high incidence of caesarian section among these women and the worrying fact that they sometimes refused, despite difficult labour, to undergo such sections because of their fear of having to restrict the number of their pregnancies afterwards.

The second method of action was penal repression. In France female genital mutilation falls under Article 312 of the Penal Code: "grievous bodily harm to a minor under 15"; but it was not until a white French woman mutilated her daughter's sexual organs in a fit of dementia and was sentenced that female genital mutilation of African girls too was accepted as grievous bodily harm by the judicial system. Sentences can be from three months upwards in prison with fines.

The first case came before court in 1982. At the request of African women's associations the family planning association brought a civil suit; it was a difficult decision to make for the association, whose activities are generally educative and preventive rather than repressive. But the African women's associations were afraid of losing credibility among their compatriots if they were on opposite sides at court, and they pointed out that we would be racist to accept female genital mutilation for black girls and not for white girls. Since then, several cases have been before the courts, and sentences have been passed on excisers as well as fathers—not, as previously, only on mothers.[3]

Systems and scale

Today, ministries and public institutions feel directly involved. Prevention kits (posters and leaflets) have recently been published and distributed by the prefecture of the Ile de France as a result of the work of several associations. Now used only in the Paris area, this material will soon be available all over France.

Medical and social teams can and do report children at risk or who have suffered female genital mutilation through the normal channels for cases of child abuse; magistrates are increasingly prepared to take such cases seriously. Priority aspects of care when a child appears at risk are support of and information for the parents or mother, alerting school authorities when the child is of school age, and avoiding "holidays" in the country of origin.

At the moment an estimated 100 000 immigrants live in the Paris region. This figure is based on numbers of relevant immigrant residence permits for 1989. Studies of national figures give 40 000 women and 14 000 young girls from cultures practising female genital mutilation in France in 1989; the predicted figure for girls in 1993 was 25 000.[4]

If only half of these women are excised it can be said that 20 000 women and 12 500 girls living in France have either suffered female genital mutilation or will do so. Of these, 90% live in the Ile de France (Paris region); most are from Mali, a few from Senegal.

In April 1994 I was present as the government funded representative of the French family planning association at a conference organised at Addis Ababa by the Inter-African Committee against Traditional Practices Harmful to Women's and Children's Health. The French speaking states whose immigrants brought the problem to France were among the 24 African states who manifested concern by their presence. During the meeting they exchanged their experiences on means of prevention of female genital mutilation, with the target of total eradication for the year 2000.

I felt that this unanimous aim was the clearest demonstration of the progress achieved through years of action and of intense effort to raise awareness in the countries where female genital mutilation is carried out and among their nationals living in France.

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Why the problem continues in Britain

Rupert Walder

Female genital mutilation has been outlawed in Britain for nearly 10 years, and yet there are an estimated 10 000 girls and young women still at risk of the dangerous practice in this country. Why?

According to its proponents, female genital mutilation is a traditional or cultural practice. Irrespective of the fact that there seems to be little or no justification for it in religious texts, this does leave anyone dealing with the problem in Britain with a dilemma. Am I being racist or culturally insensitive if I choose to outlaw or criticise this practice? Beyond the fear of cultural steamrolling, there is also the very nature of the practice which is, in the minds of many, inextricably linked with sex, sexuality, and reproduction. This has provided a second barrier both to discussion and finding a solution. In the predominantly white, middle class, British medical and legal professions it has been all too convenient to ignore or avoid female genital mutilation because it is a private, difficult, or sensitive issue.

A combination of this "not my problem" clause and bureaucracy has also contributed to the perpetuation of the practice in Britain. Social services, child support agencies, refugee support groups, women's groups, human rights agencies, teachers, immigration services, and the medical profession all have a contribution to make but each is possibly too specific to tackle the issue effectively alone. Ideally a multiagency group should be formed, but there is a risk it would never find its way out of the red tape. There are, however, several organisations doing valuable work to publicise the extent and nature of female genital mutilation in this country.

Unfortunately, information that is available on

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